

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/762545 FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1		1	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8	6		7		7	
9			1		1	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17					1	
18					1	
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50						
TOTAL IND.	2		2		2	
TOTAL DEP.	7		13		16	
TOTAL CLAIMS	9		15		18	

CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS